

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

96  
30  
9

1. PLACE OF DEATH  
County.....  
Township.....  
City St. Louis (No. City Hospital No. 1)  
B. 14960  
2. FULL NAME William Welker  
(a) Residence, No. Ozanam Shelter St. 11 Ward. 1  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

FEB 8 1937 791  
Registration District No. 1003  
Primary Registration District No. 1003  
File No. 3991  
Registered No. 1032  
St. 1 Ward 1

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 19, 1864</u>		
7. AGE	YEARS	MONTHS
<u>72</u>	<u>10</u>	<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer 237</u>		
9. Industry or business in which work was done, as saw mill, saw mill, bank, etc. <u>Common Old Jobs</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Missouri</u>		
13. NAME <u>William Welker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Minnie (unknown)</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Hosp. Info. M. H. Kent</u> (ADDRESS) <u>City Hospital No. 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's</u> DATE <u>1-23-37</u>		
19. UNDERTAKER (ADDRESS) <u>Provestad Ind. Co</u> <u>3710 N. Grand Blvd</u>		
20. FILED <u>IN 23 1937</u> <u>J. Predeck</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/15/37, 19, to 1/21/37, 19.  
I last saw him on 1/21/37, 19. Death is said to have occurred on the date stated above, at 6:35 p.m.  
The principal cause of death and related causes of importance were as follows:  
Degenerative Heart Disease  
Date of onset 1/21/37

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify A. W. Harris, M. D.  
(Signed) A. W. Harris  
(Address) City Hospital No. 1

